# 2023 FAMILY SUPPORT REQUEST FOR PROPOSALS (RFP) APPLICATION

**Amended 4/18/23**

## HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFP and may include any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at <http://web6.seattle.gov/hsd/rfi/index.aspx> **OR** Email to HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov. Applications that do not follow the required format may lose points. *Late or incomplete proposals may ~~will~~ not be accepted or reviewed for funding consideration.* **Complete application packets are due by 12:00 p.m. on Thursday, May 25, 2023.**

Required format for written application:

* Typed and formatted to letter-size (8 ½ x 11-inch) paper.
* One-inch margins, single spacing, and size 11-point font.
* Do not exceed a total of ten (10) pages. Requested attachments will not count towards the page limit.

The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and Results-Based Accountability framework, and an overview of the RFP program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on proprietary and confidential information, organization eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, Theory of Change, and the process for selecting successful applications.

**APPLICATION & RATING CRITERIA**

Answer each question completely. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the organization will meet **all** rating criteria.

For any questions, please contact:

**Funding Process Coordinator:**

Ann-Margaret Webb

ann-margaret.webb@seattle.gov

#### APPLICATION QUESTIONS

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION OF SERVICES AND STAFFING**  |  | **RATING CRITERIA POINTS: 25** |
| 1. Describe the services you intend to offer. Incorporate the  following into your description: a. What role will families and communities have in the  planning and implementation? Will they co-design or  contribute ideas and suggestions? b. Who will the services benefit and how? c. How will you utilize cultural teachers/practitioners in the  development and implementation of services? d. How will equity, race and social justice be centered in  service design and delivery? e. If you propose to offer any services that are new to your  organization, include a start-up timeline as a separate  document that will not count towards the ten-page limit.  If you plan on partnering/subcontracting with other agencies,  name the partners and explain their roles and responsibilities.  Explain why this work would not be done by your  organization, and if you plan to pay your partners.  Please provide signed letters from any significant  partnership. A significant partnership is one that provides  services, space or materials without which you would not be  able to offer the services described in your application. These  partnership letters will not count toward the page limit.  Partnerships are not required and organizations will not  lose points if they do not have any. 2. Describe the staff that will do this work. How do they reflect  the communities you intend to serve? What experience and  skills do they/will they possess? Will you need to hire staff to  do this work? The most qualified organizations will have  staff/expect to hire staff who have experience with, and the  skills needed, to implement the services described. | 1. The services described fit the intent of the  RFP. The role families and communities  play is clear, and they are involved in  planning and implementation.  It is clear who the services will benefit, and  how.   Cultural teachers/practitioners are  involved in the development and  implementation of services and their role  is clear.  Organization provides a specific,  detailed description of how they will  center equity, race and social justice in the  design and delivery of services. A realistic start-up timeline is included if  new services are proposed. **(18 points)** Partnerships are not required, but if the  organization has significant partners, the  work they will do is clearly explained, it  makes sense for it to be done by them and  not the organization applying, and signed  letters are included.2. The majority of staff reflect the  communities the organization intends to serve, and have the experience and skills  needed to successfully implement the  services described in their application.  **(7 points)** |

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| --- | --- | --- |
| **EXPERIENCE**  |  | **RATING CRITERIA POINTS: 25** |
| 1. Describe your experience planning and implementing the  services described in your application.2. Describe your experience providing services for and  collaborating with the communities described  in your application.3. What is your experience in collecting and safely maintaining  participant demographic and program information?4. Describe your organization's experience with database entry  and management, including learning new data systems as  required by contractors. | 1. The organization’s experience is sufficient to plan and implement the services  described in their application. **(8 points)**2. The organization has extensive experience  providing services for and collaborating  with the communities described in their  application. **(7 points)**3. The organization has experience collecting  data and storing private information to  safely maintain participant information  and program data.  **(5 points)**4. Organization has experience with data  entry and management and learning new  data systems.  **(5 points)** |

|  |  |  |
| --- | --- | --- |
| **FINANCIAL** |  | **RATING CRITERIA POINTS: 5** |
| 1. Describe your organization’s financial management system.  How does your organization ensure adequate administrative  and accounting procedures and internal controls to safeguard  City of Seattle funds? 2. Is your organization able to administer a cost reimbursable  contract with invoices submitted once a month for payment  of services? (Organizations without such capabilities may wish  to have an established organization act as fiscal agent.) | 1. Organization has a financial management  system which maintains checks and  balances and follows Generally Accepted  Accounting Principles to safeguard all funds  that may be awarded under the terms of  this funding opportunity. If applicant lacks  fiscal management capabilities, applicant  identifies its fiscal sponsor. **(3 points)**2. Organization is able to administer a cost  reimbursable contract. If applicant lacks  fiscal management capabilities, applicant  identifies its fiscal sponsor. **(2 points)** |

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|  |  |  |
| --- | --- | --- |
| **BUDGET** |  | **RATING CRITERIA POINTS: 5** |
| 1. Complete the Proposed Program Budget (Attachment 3).  Budget worksheets will not count towards the page limit. The  costs reflected in this budget should be for the intended  services only, not your total organization budget.  | 1. Costs match the organization’s application,  are reasonable and appropriate for the  services described, the outcomes and the  number to be served. Costs are for the  intended services only. **(5 points)**  |

**TOTAL POINTS: 60**

# COMPLETED APPLICATION REQUIREMENTS

## Application Submittal

The proposal **must** include:

* A completed and signed Application Cover Sheet (Attachment 2).
* A completed Narrative Response that is a maximum of ten (10) pages.
* A completed Proposed Program Budget (Attachment 3).
* A completed Proposed Personnel Budget (Attachment 4).
* If you are proposing to provide any new (for your organization) services, attach a start-up timeline for each service. This will not count towards the ten-page limit for your narrative.
* Completed applications are due by **May 25, 2023, at 12:00 p.m.** Pacific Daylight Time.
* Proposals must be submitted through the HSD Online Submission System **OR** via email: **HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov****.** No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

*Subcontracting:*

* If you are proposing a subcontract with another organization, attach a signed letter from that organization’s Director or other authorized representative. The letter should clearly state subcontractor’s responsibilities and expectations, as well as in the narrative responses.

*Partnerships:*

* If you are proposing a substantial partnership with another organization or individual, attached a signed letter.

*Fiscal Sponsorship:*

* If you have a fiscal sponsor, attach a signed letter from that organization’s Director or other authorized representative.

You may apply through **one** of the following methods only. Please note HSD will consider your latest submission as the final submission if there are multiple attempts in applying. Once your application has been submitted, you will receive a written confirmation:

1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>). HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher at sola.plumacher@seattle.gov.

**OR**

1. **Via Email** **HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov****.**  Email attachments are limited to 30 MB. Please title the subject line:  **2023 Family Support RFP.** Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of Interest Statement](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd). **Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents via the HSD Online Submission System (<http://web6.seattle.gov/hsd/rfi/index.aspx>) or email (HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov).

* 1. The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the organization’s CFO, Finance Officer, or Board Treasurer.
	2. The most recent audit report.
	3. The most recent fiscal year-ending Form 990 report.
	4. A current certificate of commercial liability insurance (if awarded, the organization’s insurance must conform to [General Terms and Conditions](https://www.seattle.gov/documents/Departments/HumanServices/Funding/NOFA/HSD-General-Terms-Conditions-Agreement_2022.pdf) requirements at the start of the contract).
	5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your organization must have a federal tax identification number/employer identification number.
	6. Proof of federally approved indirect rate, if applicable.

List of Attachments & Related Materials

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

### Attachment 1- Application Checklist

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

[ ]  **Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

[ ]  HSD Organization Minimum Eligibility Requirements

[ ]  HSD Client Data and Program Reporting Requirements

[ ]  HSD Contracting Requirements

[ ]  HSD Fiscal Sponsor Requirements

[ ]  HSD Funding Opportunity Selection Process

[ ]  HSD Appeal Process

[ ]  HSD Commitment to Funding Culturally Responsive Services

[ ]  HSD Guiding Principles

[ ]  HSD General Terms and Conditions

[ ]  HSD 2023 Family Support RFP Theory of Change

[ ]  **Completed and signed the Application Cover Sheet (Attachment 2)? \***

[ ]  If your application names specific partner agencies, representatives from these agencies must also

sign the application cover sheet.

[ ] If your application names a fiscal sponsor, authorized representatives from this organization must have

 read and understood the HSD Fiscal Sponsor Requirements document and must sign the application

cover sheet.

[ ]  **Completed each section of the Application Questions?**

* Must not exceed ten (10) pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this funding opportunity.

[ ]  **Completed the full Proposed Program Budget (Attachment 3)? \***

[ ]  **Completed the full Proposed Personnel Budget (Attachment 4)? \***

[ ]  **If you are proposing to provide any new services (for your organization), have you attached a start-**

**up timeline, beginning 1/1/2024?\***

[ ]  **If you are proposing a significant partnership with another organization, have you attached a**

**signed letter from that organization’s Director or other authorized representative? \***

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on May 25, 2023**.

Application packets received after this deadline will **not** be considered. See Section I for submission instructions.

### Attachment 2 - Application Cover Sheet

|  |  |
| --- | --- |
| 1. Applicant Organization:
 |  |
| 1. Organization Executive Director:
 |       |
| 1. Organization Primary Contact for this RFP:
 |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       |
|  | Phone #: |       |
| 1. Organization Type
 |
|  | [ ]  Non-Profit | [ ]  For Profit  | [ ]  Public Organization | [ ]  Other (Specify):       |
| 1. Federal Tax ID or EIN:
 |       | 1. DUNS Number:
 |       |
| 1. WA Business License Number:
 |       |
| 1. Focus Population(s) program will serve (check all that apply; those checked should match who you describe serving in your application):
 | [ ]  American/Indian Alaskan Native[ ]  Black/African American  |
| 1. Funding Amount Requested:
 |       |
| 1. Provide a high- level (200 words or less) program description:

      |
| 1. Partner Organization (if applicable):

Contact Name:       Title:      Address:      Email:       Phone Number:      Description of partner organization proposed activities:     Signature of Partner Organization Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Fiscal Sponsor (if applicable):

Contact Name:       Title:      Address:       Email:       Phone Number:      *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*Signature of Fiscal Sponsor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorized physical signature of applicant/lead organization***To the best of my knowledge and belief, all the information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all the contractual obligations if the applicant is awarded funding.* Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Attachment 3 - Proposed Program Budget

**January 1, 2024, to December 31, 2024\***

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Organization Name:** |       |
| **Proposed Program Name:** |       |

|  |  |  |
| --- | --- | --- |
|  | **Amount by Fund Source** |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Program** |
| **PERSONNEL SERVICES**Salaries (Full- & Part-Time) | $  | $  | $ | $  | $  |
| Fringe Benefits | $ | $ | $ | $  | $  |
| **SUBTOTAL - PERSONNEL SERVICES** | **$**  | **$**  | **$**  | **$** | **$**  |
| **SUPPLIES, OTHER SERVICES & CHARGES**Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  $ | $  | $  | $  | $  |
| Operating Expenses2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) | $ | $  | $  | $  | $  |
| Rent  | $ | $  | $ | $  | $  |
| Contractual Employment/Other Professional Services3 | $ | $  | $  | $  | $  |
| Travel (includes mileage, parking) | $ | $ | $  | $  | $  |
| Insurance | $  | $  | $  | $  | $  |
| Utilities (includes electric, internet, phone) | $ | $ | $ | $  | $  |
| Other Miscellaneous Expenses4 | $ | $  | $  | $  | $  |
| Indirect Facilities and Administration (F &A) Costs5  | $ | $  | $  | $  | $  |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$**  | **$**  | **$**  | **$**  |  **$**  |
| **TOTAL EXPENDITURES** | **$**  | **$** | **$** | **$**  |  **$**  |

|  |  |  |
| --- | --- | --- |
| **1**Identify specific funding sources included under the"Other" column(s) above: |  | 2Operating Expenses- Itemize below (Do not include Office Supplies): |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
| **Total** | **$**  |  | **Total** | **$**  |
|  |  |  |  |  |  |
| 3Contractual Employment/Other Professional Services |  | 4Other Miscellaneous Expenses- Itemize below: |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
|   | $  |  |   | $  |
| **Total** | **$**  |  | **Total** | **$**  |
|  |  |  |  |  |  |
| 5Indirect Facilities and Administration (F&A) Costs- Itemize below\*: |
|   | $  |
|   | $  |
|   | $  |
|   | $  |
| **Total** | **$**  |

\* Indirect Facilities and Administration (F&A) Costs: Those costs referred to as overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those indirect F&A expenses include:

* General Administration
* Departmental Administration
* Operation and Maintenance
* Building and Equipment Depreciation

### Attachment 4 - Proposed Personnel Budget

**January 1, 2024 – December 31, 2024**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Organization Name:** |       |
| **Proposed Program Name:** |       |
| **Organization’s Full-Time Equivalent (FTE) =** |  | **hours/week** | **Amount by Fund Source(s)** |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
| **Subtotal – Salaries & Wages** | **$** | **$** | **$** | **$** | **$** |
| **Personnel Benefits:** |
| **FICA** |  |  |  |  | $ |
| **Pensions/Retirement** |  |  |  |  | $ |
| **Industrial Insurance** |  |  |  |  | $ |
| **Health/Dental** |  |  |  |  | $ |
| **Unemployment Compensation** |  |  |  |  | $ |
| **Other Employee Benefits** |  |  |  |  | $ |
| **Subtotal – Personnel Benefits:** | **$** | **$** | **$** | **$** | **$** |
| **Total Personnel Costs (Salaries & Benefits):** | **$** | **$** | **$** | **$** | **$** |